

**ADOPT****LAW ENFORCEMENT  
CONTACT REPORT**

THIS FORM MAY BE USED TO REPORT INCIDENTS AS REQUIRED BY HEALTH AND SAFETY CODE SECTION 1538.7. A SEPARATE UNUSUAL INCIDENT REPORT DOES NOT NEED TO BE SUBMITTED IF ALL REQUIRED INFORMATION IS PROVIDED.

**INSTRUCTIONS:** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND AUTHORIZED REPRESENTATIVE, IF ANY, BY NEXT BUSINESS DAY.

SUBMIT PART 1 OF THIS REPORT WITHIN 7 DAYS OF OCCURRENCE.

SUBMIT PART 2 OF THIS REPORT WITHIN 6 MONTHS OF OCCURRENCE. PART 2 MAY BE SUBMITTED SOONER THAN 6 MONTHS, INCLUDING CONCURRENTLY WITH THE INITIAL REPORT, IF ALL OUTCOMES RESULTING FROM THE INCIDENT ARE KNOWN.

**PART 1**

☐ Group Home    ☐ STRTP    ☐ Community Treatment Facility    ☐ Transitional Housing Placement Provider    ☐ Runaway and Homeless Youth Shelter

Licensed Capacity: \_\_\_\_\_

Current Census: \_\_\_\_\_

NAME OF FACILITY (as appears on license)

FACILITY LICENSE NUMBER

ADDRESS

TELEPHONE NUMBER

COUNTY, CITY, STATE, ZIP

DATE OF INCIDENT

**TYPE OF INCIDENT** (check all that apply)

**Aggressive Act:**

☐ Client to Client    ☐ Staff to Client  
☐ Client to Other    ☐ Unknown  
☐ Client to Staff    ☐ Other to Client

**Other:**

☐ Behavior Episode    ☐ Psychological  
☐ Substance Abuse    ☐ Property Damage  
☐ Unauthorized Absence (AWOL)    ☐ Non-physical Aggression  
☐ Harm To Self    ☐ Theft  
☐ Other: \_\_\_\_\_

**Alleged Client Abuse:**

☐ Sexual  
☐ Physical  
☐ Psychological  
☐ Financial  
☐ Neglect

CHILD INVOLVED	TYPE OF PLACEMENT	AGE	GENDER	DATE OF ADMISSION
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	

AGENCIES / INDIVIDUALS NOTIFIED	NAME	PHONE
LICENSING		
LAW ENFORCEMENT		
PLACEMENT AGENCY		
AUTHORIZED REPRESENTATIVE		

IF A POLICE REPORT WAS FILED, PROVIDE NUMBER IF KNOWN (Optional) \_\_\_\_\_

**WERE DE-ESCALATION TECHNIQUES USED PRIOR TO CONTACTING LAW ENFORCEMENT?** ☐ YES ☐ NO

IF YES, EXPLAIN THE TECHNIQUES THAT WERE USED. IF NO, EXPLAIN WHY NOT.

**DESCRIPTION OF INCIDENT.** INCLUDE NATURE OF INCIDENT, ACTION TAKEN BY STAFF IN RESPONSE TO THE INCIDENT, AND DISPOSITION OR CURRENT STATUS OF THE INCIDENT. FOR INCIDENTS IN GROUP HOMES, INCLUDE A DESCRIPTION OF THE EVENTS LEADING UP TO THE INCIDENT.

(Attach additional sheets as needed)

WAS MEDICAL TREATMENT REQUIRED FOR CLIENT? ☐ YES ☐ NO  
IF YES, LIST NAME OF ATTENDING PHYSICIAN, FINDINGS, AND TREATMENT, IF ANY.

MANUAL RESTRAINTS (GROUP HOMES / RUNAWAY AND HOMELESS YOUTH SHELTERS/ COMMUNITY TREATMENT FACILITIES ONLY): DOES THE INCIDENT INVOLVE THE USE OF MANUAL RESTRAINTS? ☐ YES ☐ NO  
IF YES, ATTACH A SEPARATE SHEET REPORTING INFORMATION REQUIRED BY SECTION 84061(h)(6) OF TITLE 22 REGULATIONS.

RUNAWAYS (GROUP HOMES/COMMUNITY TREATMENT FACILITIES ONLY): DOES THE INCIDENT INVOLVE A RUNAWAY SITUATION? ☐ YES ☐ NO IF YES, ATTACH A SEPARATE SHEET REPORTING INFORMATION REQUIRED BY SECTION 84061(h)(7) OF TITLE 22 REGULATIONS.

Prepared by:	NAME/TITLE	DATE
Reviewed/Approved by:	NAME/TITLE	DATE

**PART 2**

NAME OF FACILITY (as appears on license)

DATE OF INCIDENT

DATE OF FOLLOW-UP

WAS ANY CHILD RESIDING IN THE FACILITY ALLEGED TO HAVE COMMITTED A CRIME: ☐ YES ☐ NOLIST ANY CHILD INVOLVED (WHETHER OR NOT ALLEGED TO HAVE COMMITTED A CRIME), INCLUDE CHILD(REN) FROM ORIGINAL INCIDENT (**PART 1**):

NAME	GENDER	RACE*	ETHNICITY*	AGE
	Other	Unknown	Choose One	
	Other	Unknown	Choose One	
	Other	Unknown	Choose One	
	Other	Unknown	Choose One	

\*See last page for instructions on Race/Ethnicity

(Continue listing on separate sheet if necessary.)

**LIST ANY STAFF INVOLVED:**

NAME	POSITION

(If no staff were involved, enter "N/A" above.)

(Continue listing on separate sheet if necessary.)

**WHO INITIATED CONTACT WITH LAW ENFORCEMENT? (Optional):**
☐ STAFF    ☐ OTHER YOUTH    ☐ NEIGHBOR    ☐ OTHER \_\_\_\_\_    ☐ UNKNOWN
**TYPE OF OUTCOME** (check all that apply)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 5150                         | <input type="checkbox"/> Counseled by Law Enforcement | <input type="checkbox"/> Mental Health Evaluation | <input type="checkbox"/> Unknown           |
| <input type="checkbox"/> Arrest(s) Made               | <input type="checkbox"/> Juvenile Hall                | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Staff Disciplined |
| <input type="checkbox"/> Child Removed from Placement | <input type="checkbox"/> Detained by Law Enforcement  | <input type="checkbox"/> Returned to Facility     |  |

(If any boxes above are checked, explain briefly here and include any additional information. Attach additional sheets as needed.)

Prepared by:	NAME/TITLE	DATE
Reviewed/Approved by:	NAME/TITLE	DATE

**ABOUT THE LIC 624-LE**

**THE LAW:** *In accordance with section 1538.7(a) of the Health and Safety Code, "A group home, transitional housing placement provider, community treatment facility, runaway and homeless youth shelter, or short-term residential therapeutic program shall report to the department's Community Care Licensing Division upon the occurrence of any incident concerning a child in the facility involving contact with law enforcement." Within six months of the incident, the facility must "provide a follow-up report for each incident, including the type of incident, whether the incident involved an alleged violation of any crime described in Section 602 of the Welfare and Institutions Code by a child residing in the facility; whether staff, children, or both were involved; the gender, race, ethnicity, and age of children involved; and the outcomes, including arrests, removals of children from placement, or termination or suspension of staff."*

*Crimes described in Section 602 of the Welfare and Institutions Code are "any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a curfew based solely on age."*

**AFFECTED FACILITIES:** *Group Homes, Community Treatment Facilities, Transitional Housing Placement Providers, Runaway and Homeless Youth Shelters, and Short-Term Residential Therapeutic Programs must make reports under the law.*

**HOW, WHAT AND WHEN TO REPORT:** *Affected facilities may (but are not required to) use the LIC 624-LE to report incidents under the law. If a facility uses another method to report an incident, that method must capture all of the information specified by Health and Safety Code section 1538.7(a), and must be submitted within the time allowed by the law. A facility must submit a report on every incident which involves a law enforcement contact, whether or not any child is alleged to have committed a crime. The follow-up report for an incident must be filed within six months, but may be filed sooner (including concurrently with the initial report) provided all outcomes resulting from the incident are known.*

**\*RACE AND ETHNICITY.** *One of the following races must be selected for each child listed in Part 2 of this form: White, Black, Native American, Asian/Pacific Islander, Other, or Unknown. One of the following ethnicities must be selected for each child listed in Part 2 of this form: Hispanic, Non-Hispanic or Unknown.*